EXPRESS MAIL NO.: EL755716823US

PTO/SB/01A (10-00).

Approved for use through 10/31/2002. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Title of Invention	SYSTEM AND METHOD FOR TISSUE BIOPSY USING ULTRASONIC IMAGING							
As the below named inventor(s), I/we declare that:								
This declaration is di	rected to:							
The attached application, or								
☐ Applicati	on No, filed on,							
☐ as ar	nended on (if applicable);							
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;								
I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;								
known to me/us to I which became availa	ne duty to disclose to the United States be material to patentability as defined in able between the filing date of the prior ap inuation-in-part application, if applicable;	1 37 CFR 1.56 plication and t	6, including material information					
and belief are believ willful false statemer	herein of my/our own knowledge are traced to be true, and further that these states and the like are punishable by fine or the validity of the application or any paten	atements were imprisonment,	made with the knowledge that or both, under 18 U.S.C. 1001,					
FULL NAME OF INV	ENTOR(S)							
Inventor one:	rod O. Shelby	Citizen of:	USA					
Signature:	<u> </u>	Date:	11/16/01					
Inventor two: Ba	arbara A. Fecht	Citizen of:	USA					
Signature:	Berbara Q. Fecux	Date:	11/16/01					
Inventor three: De	enis A. O'Connor	Citizen of:	USA					
Signature:		Date:						
Inventor four:		Citizen of:						
Signature:		Date:						
Additional invento	rs are being named on							

Burden Hour Statement This collection of information is required by 35 U S C 115 and 37 CFR 1 63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U S C 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231.

EXPRESS MAIL NO.: EL755716823US

PTO/SB/01A (10-00).

Approved for use through 10/31/2002, QMB 0651-0032. U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid QMB control number.

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)							
Title of Invention	SYSTEM AND METHO	DD FOR TISSUE BIOP	SY USING ULTRASONIC				
As the below named inventor(s), I/we declare that:  This declaration is directed to:    The attached application, or							
FULL NAME OF INVENTOR(\$)							
Inventor one: J	erod O. Shelby	Citizen of:	USA				
Signature:	,,	Date:					
Inventor two: B	arbara A. Fecht	Citizen of:	USA				
Signature:		Date:					
Inventor three: D	enis A. O'Connor	Citizen of:	USA				
Signature:	D. A.O. C-	Date:	11/10/				
Inventor four:		Citizen of:					
Signature:		Date:					
Additional inventors are being named on							
Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an							

application. Confidentially is governed by 35 U.S.C. 1/22 and 37 CFR 1.14. This torm is estable to take 1 must be complete, This time will vary depending upon the resets of the individual case. Any comments on the amount of time you are required to complete this form is should be sent to the Clief Information Office, U.S. Patient and Trademark.

Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patients, Washington, DC 20231.

\$ 1 ķ. ļ.

## EXPRESS MAIL NO. EL755716823US

PTC/SB/61 (10-00)

Approved for use through 10/31/2002, OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Pagerwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB, control number.

## **ELECTION AND POWER OF** ATTORNEY OR **AUTHORIZATION OF AGENT**

Application Number November 19, 2001 Filing Date First Named Inventor Jerod O. Shelby Group Art Unit Examiner Name Attorney Docket Number 100108.412

I hereby ap	point:						* 0050	·O*
X Practition	ners at Se	ed IP Law Gro	ир РЦС			<b>_</b>	www	NO
OR							00500	)   C
Practition	er(\$) nam	ed below:					PATENT TRADEMAR	K OFFICE
	Name		Recistration	Registration Number				
ľ	····	· · · · · · · · · · · · · · · · · · ·			1 regrenation (AMIDE)			4
Ţ					1	· · · · · · · · · · · · · · · · · · ·		-
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.								
Please chan	ge the cor	respondence :	address for	the above-ide	entified a	pplication to:	T	
	Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR							
∏ Firm <i>or</i> Individus	ıl Name							
Address								-
Address								7,000
City					State		ZIP	
Country								
Telephone					Fax			
l am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  As assignee of record of the entire interest hereby elect, under 37 C.F.R. § 3.71, to prosecute the application to the exclusion of the inventors								
SIGNATURE of Applicant or Assignee of Record								
Name Denis A. O'Connor								
Signature 1	1).	· (2):	O			· · · · · · · · · · · · · · · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Date 1//12/01								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.								
*Total of _	*Total of forms are submitted.							

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Tradomark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.